

Task Force on Department of Health Facilities

**Report to the Joint Appropriations Committee and
Joint Labor, Health and Social Services Committee**

2016 Interim Report on Activities

Prepared by:

**The members of the Joint Legislative – Executive Task Force on
Department of Health Facilities**

**Sen. Eli Bebout, Cochair
Rep. Lloyd Larsen, Cochair
Sen. Dan Dockstader
Sen. Drew Perkins
Rep. Bob Nicholas
Rep. Tim Stubson**

**Tom Forslund, Director-Department of Health
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November 1, 2016

Section 1. Executive Summary

During the 2014 Budget Session, the Wyoming Legislature established a Joint Executive and Legislative Task Force on Wyoming Department of Health Facilities (Task Force). During the 2015 General Session, the Task Force was continued and required to oversee Level I/II feasibility and planning for the State Hospital and Wyoming Life Resource Center (WLRC), consistent with options developed during the 2014 interim. In 2016, the Legislature continued the Task Force again and required it to begin the process of Level III design for substantial improvements at the State Hospital and WLRC ("the project"). The 2016 legislation required that the Task Force submit an interim report summarizing its activities to the Joint Labor, Health and Social Services Committee and the Joint Appropriations Committee.

To date, the Task Force has met eleven (11) times during the 2016 interim. Consistent with legislative directives, the purpose of these meetings has been to implement the recommendations generated by the Task Force in the 2015 interim [see Task Force on Department of Health Facilities Final Report on Activities, dated January 7, 2016, attached as **Appendix 1.**] Specifically, the priorities in the meetings were as follows:

- Procure and supervise a Level III design study for the State Hospital and WLRC;
- Consider related recommendations for necessary legislative action;
- Evaluate potential options for the management and ownership structure of the Wyoming retirement center.

The Task Force has worked diligently to accomplish these goals. Specifically, the Task Force has overseen the retention of an architectural firm and other professionals who are in the process of conducting the Level III design for the State Hospital and WLRC. The Task Force has worked with the Department of Health and State Construction Department to define the project's scope of work, to oversee progress on the project, and to make recommendations regarding policy and logistical issues. Members of the Task Force have visited healthcare facilities in other states to better understand available design and programming options. The Task Force has consistently met in open meetings and taken public comment to inform its decision making.

With regard to the Wyoming Retirement Center, the Center currently is operating without the need for state General Fund support and no immediate action is required or recommended.

Pursuant to law, the Task Force will not terminate until June 30, 2018. Consequently, the Task Force recommends that it continue to operate through the 2017 interim for the purpose of finalizing Level III design for the State Hospital and WLRC and to provide the oversight necessary to begin the process of constructing new facilities at those locations. During the 2017 General Session, an additional appropriation should be made to fund the legislative members of the Task Force and available project funding should be released to the State Construction Department for the purpose of funding construction activities at the State Hospital and WLRC.

Section 2. Specific Statutory Requirements

2016 Wyoming Session Laws, Ch. 97, 2016 Senate File 41, Section 4, guides the operation of the Task Force as follows:

Section 4.

(a) The joint legislative and executive task force on department of health facilities created in 2014 Wyoming Session Laws, Chapter 26, Section 329 as amended by 2015 Wyoming Session Laws, Chapter 142 is hereby continued.

(b) The task force shall be comprised of:

(i) Three (3) members of the senate, appointed by the president of the senate;

(ii) Three (3) members of the house of representatives, appointed by the speaker of the house;

(iii) Two (2) members of executive branch departments appointed by the governor. In considering appointments to the task force who are not members of the legislature, the governor shall consider the expertise required to procure a Level III design study and evaluate options for the Wyoming retirement center as provided in this section.

(c) The task force shall implement the recommendations for its 2016 work as provided in the January 7, 2016 department of health facilities task force final report on file with the legislative service office, including:

(i) Procuring and supervising a Level III design study for the Wyoming state hospital and the Wyoming life resource center; and

(ii) Evaluating potential options for the management and ownership structure of the Wyoming retirement center;

(iii) Providing interim reports on the activities of the task force to the joint appropriations committee and the joint labor, health and social services interim committee not later than November 1, 2016 and November 1, 2017;

(iv) Providing recommendations for legislative action.

(d) The task force shall be staffed by the legislative service office. The department of administration and information shall serve in an advisory capacity to the task force and shall provide technical and other relevant information as requested.

(e) Recommendations of the task force created by this section shall be submitted for legislative action to the joint appropriations committee and the joint labor, health and social services interim committee not later than June 30, 2018.

(f) The task force may contract with experts as necessary to fulfill the duties assigned under this section upon majority vote of the task force and with the approval of the governor. No contract under this subsection shall be subject to the procurement provisions of W.S. 9-2-1016.

(g) The task force shall terminate on June 30, 2018.

(h) There is appropriated forty thousand dollars (\$40,000.00) from the general fund to the legislative service office. This appropriation shall be for the period beginning with the effective date of this act and ending June 30, 2018. This appropriation shall only be expended for the purpose of funding salary, mileage and per diem of legislative members of the task force. Notwithstanding any other provision of law, this appropriation shall not be transferred or expended for any other purpose and any unexpended, unobligated funds remaining from this appropriation shall revert as provided by law on June 30, 2018.

(j) There is appropriated nine million dollars (\$9,000,000.00) from the state facilities construction account to the department of administration and information to procure, develop and implement the Level III design study as approved by the department of health facilities task force.

Section 3. Action on Specific Requirements of Statute

Procure and supervise a Level III design study for the State Hospital and WLRC

As cited above, 2016 Wyoming Session Laws, Ch. 97, Section 4(j) appropriated \$9 million for the purpose of procuring a Level III design study for the State Hospital and WLRC. Immediately after the end of the 2016 Budget Session, the Task Force met and began the task of obtaining the Level III work. Although the architectural firm HOK, from St. Louis, Missouri, had conducted the Level I/II study for the State, the Task Force recommended that the State Construction Department pursue new, competitive contracting for all Level III design-related services. After soliciting statements of qualifications, requesting proposals from four (4) architectural firms, receiving four (4) proposals and interviewing all four (4) firms, a selection committee organized to consider and recommend the appropriate firm to hire recommended that HOK conduct the Level III design. The selection committee made the recommendation noting that one firm had submitted a lower cost proposal, but that the proposal was inconsistent with concepts developed during Level I/II studies. The selection committee also believed that HOK was substantially better qualified than all the other firms to conduct the Level III design. After giving careful consideration to the merits of each firm, and reweighing each proposal with additional weight on each firm's proposed cost, the Task Force adopted the selection committee's recommendation that HOK be hired. The State Construction Department received the selection committee and Task Force recommendations, concurred with the findings, and subsequently entered into contract negotiations with HOK. HOK was retained for a contracted amount of \$4,046,317.00, an amount lower than any initial cost proposal. HOK began its work in mid-July.

Through a statutory, competitive proposal selection process, the State Construction Department also retained the services of MOCA, a Utah-based owner's representative firm. MOCA was retained to provide services through Level III design, but not through facility construction. The Task Force carefully considered the decision to hire an owner's representative over the course of several meetings. The Task Force ultimately recommended the retention of MOCA, consistent with the recommendations of State Construction Department personnel, HOK, and Task Force members, all of whom had experience with the efficiencies typically gained through owner's representative services. As part of its contract with the State, MOCA was required to provide supplemental subject matter expertise in the areas of facilities planning, healthcare facility licensure and federal reimbursement issues. Within its contract amount and at no additional cost to the State, MOCA retained Innova Healthcare System to provide this expertise. MOCA's final contact amount was \$544,131. Pursuant to the law guiding the Task Force, both HOK and MOCA were retained with the Governor's approval.

Since August, HOK, MOCA, and a working group of the Task Force have made multiple site visits to the State Hospital and WLRC, where they have interviewed staff, toured existing facilities, examined existing infrastructure, received public comment and started

to solidify a Level III design for each facility. Between these site visits, in September, MOCA hosted a "visioning session" with all stakeholders, including facility staff and administration as well as the Task Force's membership, to solidify the project's primary guiding principles. Although many additional concepts were identified within each primary principle, the visioning session identified the budget, health and healing, operating and planning costs and safety as the most important project principles.

HOK and MOCA have been working extensively with a working group, chaired by Korin Schmidt, Department of Health Deputy Director. The working group is comprised of two members of the Task Force, Cochair Larsen and Representative Nicholas, together with representatives from the Department of Health and the State Construction Department. With the working group's help, HOK and MOCA have confirmed and adjusted findings from the Level I/II process and are currently refining project cost estimates and solidifying site plans and programmatic designs to both meet the Department of Health's needs and stay within the \$145,700,000.00 project budget. The working group also has facilitated significant communication between facilities staff and the design team members so that their input can shape and inform the final design concept.

The working group regularly reports to the Task Force and makes recommendations for the Task Force's consideration. Recently, the working group made a recommendation that the State hire a geotechnical expert and hazardous materials inspector to perform services at the State Hospital and WLRC sites. The scope of work for these services has been appropriately scaled to provide evaluations of only those facilities and sites which will be impacted by the new facility designs. Consistent with the law, the Task Force has requested the Governor's approval to engage these services.

The working group also has requested the retention of commissioning agents for the project. Commissioning agents inspect various installed building systems to confirm that they operate at their designed capacity. Commissioning services are required for certain healthcare facility licensing purposes. The Task Force is in the process of defining the systems for which commissioning agents will be necessary and will be seeking gubernatorial approval to hire these professionals in the near future.

Although the Task Force, the Department of Health, the State Construction Department, the working group, HOK and MOCA are all diligently working, Level III Design for both the State Hospital and WLRC is a lengthy and detailed process that cannot be accomplished during one legislative interim. For that reason, the project will not be complete before the 2017 General Session. However, the Task Force has worked with Construction Management to accommodate a schedule where final costing data and the substantive results of Level III design will be finalized in time for consideration during the 2017 Session. At that time, adequate information will be available from which to inform necessary appropriations and funding authorizations.

Part of the complexity of the Level III Design was created by Wyoming's current budget crisis. Early in the 2016 interim, because of significant State budget shortfalls, the Task Force acknowledged the possibility that sufficient funding might not exist for both the

State Hospital and WLRC to be reconstructed simultaneously. For this reason, the Task Force recommended that all architecture firms applying to conduct Level III work provide alternative design plans. One plan would detail the simultaneous construction of the State Hospital and WLRC. The other plan would provide a design for the State Hospital, in the absence of new construction at the WLRC. This alternative plan design requirement was incorporated into HOK's contract. However, regardless of this contingency planning, the Task Force strongly recommends that the Legislature authorize the construction of both facilities at the same time. Through its work during the 2014 interim and during the 2015 Budget Session, the Task Force and Legislature committed to redesigning the Department of Health's delivery of services to provide a safety net for Wyoming citizens. The Task Force and Legislature committed to accomplishing this goal through an integration of services at the State Hospital and WLRC. [see Task Force on Department of Health Facilities Final Report on Activities, dated January 7, 2016, attached as **Appendix 1.**] The realignment of the State Hospital's and WLRC's missions can be fully accomplished only through the complimentary redesign of both facilities.

In overseeing Level III Design work for the State Hospital and WLRC, the Task Force has focused on several additional issues and taken additional action:

- At its first interim meeting and at most meetings since, the Task Force has received information from the Department of Health concerning Title 7, forensic psychiatric populations. Title 7 of the Wyoming Statutes guides psychiatric examinations/hospitalizations required for criminal defendants. The Task Force is considering Title 7 patients, and the future demand for Title 7-related psychiatric services, in long-term planning for the State Hospital.
- The Task Force has dedicated considerable time to finalizing the number of beds which will be accommodated in the final State Hospital and WLRC design. This is a complex issue. The Task Force continues to work with HOK and its experts to plan state-of-the-art programmatic design, while maximizing the number of beds at each facility and staying within the project budget. Although systematic changes will be required in the future to slow growth in the populations served at the State Hospital and WLRC, the Task Force is working to provide facilities that will accommodate expanding future demand. Particular attention has been given to the increased long-term operational costs that accompany certain design options.
- The bed count issue is significantly impacted by the needs of specific patient populations as well as licensing and funding implications. WLRC is a certified intermediate care facility for individuals with intellectual disabilities (ICF/IID). As such, it qualifies for Medicaid reimbursement for a portion of its population. This funding totals \$7-8 million per year. If the state made design changes that increased the Center's population of patients with a primary diagnosis of mental disease to more than 50%, the federal government could designate the Center as an "Institution for Mental Disease" (IMD). An IMD designation would place the

ICF/IID Medicaid funding at risk. Consequently, an IMD designation could significantly reduce an important source of funding for the WLRC. This problem is being addressed by exploring design options that would allow the State Hospital to accommodate patients who, if housed at WLRC, might push WLRC's IMD patient census over the 50% threshold.

- In October, Cochair Larsen, Senator Dockstader and Representative Nicholas accompanied representatives from the Department of Health, the State Construction Department and the State's design professionals on tours of healthcare facilities in Montana and Oregon. The group visited three facilities, all of which were specifically selected as sites that would provide guidance on design options at the State Hospital and WLRC. Among other things learned during these site visits, the group reported two primary lessons. First, new, state-run healthcare facilities should be designed in a way that provides maximum flexibility for future use. Changing funding levels, patient demands and future federal guidelines can render inflexible facilities unusable or expensive to operate. Second, patient condition and acuity, rather than legal status (e.g. Title 25 patient, Title 7 defendant), can be a useful way to categorize and house patients. Facilities in Oregon demonstrated that institutions which house patients according to their needs, and which impose more restrictive environments or hardened patient spaces only where necessary, allow a more therapeutic and appropriate environment for patient care. HOK and MOCA representatives were present at these facility visits and have been directed to incorporate these lessons into their State Hospital and WLRC designs.
- HOK and MOCA recently received a preliminary draft of final costing estimates from HOK's cost estimate subcontractor. The draft indicates that the total cost of constructing newly facilities at the State Hospital and WLRC, as currently contemplated, may cost more than the total project budget of \$145,700,000.00. Although the cost estimate indicates an overage of only \$2-10 million, the Task Force has instructed HOK and MOCA that design plans will have to be modified to bring the total cost within the project budget. MOCA and HOK are currently working to complete the final cost estimate within the next month. The current design and costing estimate is based on a total project (involving both the State Hospital and WLRC) with 400,000 square feet at \$274 per square foot.
- The State, through the State Construction Department's Construction Management Division, in consultation with the Department of Health, has used a competitive process in securing all contracts. State Procurement has aided in the solicitation of proposals. This process was requested by the Task Force and has been overseen by the Task Force. Early in the interim, the Task Force requested that the State Construction Department follow its standard procedures throughout the Level III process and in the solicitation and selection of contractors. The State Construction Department has used a selection committee, composed of state construction management personnel, Department of Health representatives and two members of the Task Force, to aid in the

procurement process, to review and score proposals and to conduct interviews of potential contractors. The selection committee has made recommendations to the Task Force and State Construction Department. The Task Force has used these recommendations to provide additional recommendations and comments to the State Construction Department. As part of this process, the Task Force has formally asked that the State Construction Department keep the State Building Commission informed of progress of the project. The Task Force understands that the State Building Commission has received updates from the State Construction Department at each of its last two meetings and that the Commission has not requested additional information.

- The working group has reported to the Task Force significant progress in determining project details related to existing infrastructure at the State Hospital and WLRC. Preliminary work has been completed to identify which structures and facilities will need to be demolished, which might be repurposed and use within the newly designed facilities, and which may be utilized by other state or non-state entities. This work is fundamental to determining final cost estimates and will be completed in the near future. Repurposing facilities provides substantial cost savings over demolition and is being pursued whenever possible.
- The most up-to-date Level III design schedule is attached as **Appendix 2**. The schedule includes both the contemplated future dates for Task Force meetings, as well as the work and due-date schedules for other entities working on the project. The Task Force and all other parties involved in the project have significant, additional work to complete this interim.

Necessary legislative action:

W.S. 35-2-906 Amendment:

During the 2016 Budget Session, the Legislature passed 2016 Wyo. Session Laws Ch.44 (2016 HB 60). The legislation amended W.S. 35-2-906 to exempt state owned or operated healthcare facilities from limits on the expansion of bed counts, as well as from the obligation to submit for review plans for facility renovations and construction. The legislation was recommended by the Department of Health, but only to the extent of exempting state facilities from limits on the expansion of bed counts. As passed, the legislation inadvertently exempted state healthcare facilities from the obligation to obtain a review of renovation and construction plans.

At its October 17, 2016 meeting, the Task Force considered 17 LSO 217-Healthcare facility licensing and bed count limit-exemption. This legislation amends W.S. 35-2-906 to reestablish the state's obligation to seek review of renovation and construction plans. At the October 17th meeting, the Task Force passed a motion recommending that this legislation be forwarded to the Joint Labor, Health and Social Services Interim

Committee for consideration and sponsorship during the 2017 General Session. A copy of the legislation is attached as **Appendix 3**.

Amendments to Enabling Legislation:

As passed, the Task Force's enabling legislation, 2016 Wyoming Session Laws, Ch. 97, 2016 Senate File 41, Section 4 (see pp. 3-4 of this report), may not accurately reflect the authority and operation of the Task Force. The enabling legislation also provides authorization for activities only through the Level III design phase. The legislation should be amended to properly reflect the Task Force's duties, to authorize the construction of new facilities, and to make several technical changes as follows:

- As soon as the Task Force started its work this interim, the Task Force discussed its legal authority and, despite expanded powers granted by the Task Force's enabling legislation, directed the State Construction Department to follow its standard procedures and to procure the professionals and services necessary to complete the required Level III design. The Task Force's position was reiterated to the State Construction Department and the public throughout the interim. As a result, Section 4(c)(i) of the enabling legislation should be amended to reflect that the Task Force is making recommendations and providing oversight on the Level III design, rather than "procuring and supervising" the Level III design. Section 4(d) should be amended to strike language indicating that the Department of Administration and Information (now the State Construction Department) is acting in an advisory capacity. The State Construction Department is the entity procuring services and directly overseeing Level III design. Task Force members are individually taking part in that process and the Task Force has received regular and frequent updates from every involved entity. Further, the Task Force has received detailed information about the process, the results and data being obtained. With this information, the Task Force has made a number of formal recommendations regarding policy, logistics and procedure. Nevertheless, it is the Governor, through the State Construction Department, not the Task Force, which is procuring and directly supervising the Level III design.
- New provisions should be added to the legislation requiring the State Construction Department, the Department of Health and the Task Force to work together to begin construction at the State Hospital and WLRC, consistent with the final Level III design. More specifically, the Task Force should be directed to make recommendations and provide all oversight necessary to facilitate the construction of new State Hospital and WLRC facilities within the project budget. The State Construction Department should be directed to procure construction services and provide direct supervision of the construction project, in close consultation with the Task Force and with input from the Department of Health. [Note: The Level III design will be substantively complete in time for the Legislature to analyze the design and to make an informed decision on continuation of the project into the construction phase.]

- Section 4(f) should retain its authorization to hire all experts necessary to fulfill the duties assigned by the law, but should be revised so as not to indicate that the Task Force is the entity with whom these experts contract. These experts are contracting with the State Construction Department.
- The reference in Section 4(f) to W.S. 9-2-1016 should be stricken or amended to reference W.S. 9-2-1027 through 9-2-1033, the Professional Architectural, Engineering and Land Surveying Services Procurement Act. LSO believes the Task Force's enabling legislation was incorrectly drafted and was never intended to provide a blanket exemption from W.S. 9-2-1016, the general procurement statute. Instead, the reference likely was intended to provide an exemption from the Professional Architectural, Engineering and Land Surveying Services Procurement Act, W.S. 9-2-1027 through 9-2-1033.
- All references to the Department of Administration and Information should be amended to reflect the involvement of the new State Construction Department;
- [Additional revisions related to funding are included below.]

Task Force Funding:

Although the law establishing the Task Force continues through June 30, 2018, funding for the Task Force's operation is insufficient to allow its operation for that period. The Task Force, therefore, recommends that 2016 Wyoming Session Laws, Ch. 97, 2016 Senate File 41, Section 4, or subsequent capitol construction legislation guiding the Task Force, be amended to provide an additional appropriation to the Task Force. The current appropriation is for \$40,000 and must be applied to fund salary, mileage and per diem of legislative members of the Task Force. The Task Force anticipates being equally or more active during the 2017 interim and believes a similar appropriation should be made to fund the Task Force's 2017 work.

Construction Funding:

Section (j) of 2016 Wyoming Session Laws, Ch. 97, 2016 Senate File 41, Section 4, appropriated \$9 million for the purpose of procuring a Level III design for the State Hospital and WLRC. Those funds will be substantially exhausted when the Level III design is complete. An additional appropriation will be needed during the 2017 General Session in order to allow the project to proceed into construction activities and other phases of the project. The exact appropriation that will be necessary has not been finalized. However, specific budgetary requirements will be finalized in the coming months and will be available in time to allow full consideration during the 2017 Session. For a description of funding sources which have been dedicated to the State Hospital / WLRC project, please see the document prepared by LSO's Budget/Fiscal division, included as **Appendix 4**. *[Note: Appendix 4 represents a slightly revised version of the funding description provided to the Task Force in March, 2016. Appendix 4 strikes one funding stream which was unlikely to occur, which did not occur, and which was never included in the total funding estimate. As a result, the total funding amounts indicated in Appendix 4 are identical to those previously indicated to the Task Force.]*

Evaluate potential options for the management and ownership structure of the Wyoming retirement center:

After discussing the status of the Wyoming Retirement Center and receiving testimony from the Department of Health regarding the Center's current condition and financial stability, the Task Force took no further action. The Center is in good physical condition and is operating without the need for any state General Fund support. The Task Force recommends no change in the management or ownership structure of the Center at this time.

Conclusion:

The Task Force is currently working to complete the Level III design required by 2016 Wyoming Session Laws, Ch. 97, 2016 Senate File 41, Section 4. The Task Force is working with, and monitoring the efforts of, HOK, MOCA, the Department of Health, the State Construction Department and the work group in this effort. Although the complete Level III design will not be completed until the 2017 interim, the substantive results of the Level III design will be made available to the Legislature in time for consideration during the 2017 General Session. With adequate Task Force funding and with the appropriation of additional, available construction funds during the 2017 General Session, the Task Force will be ready to begin the process of constructing new facilities at the Wyoming State Hospital and Life Resource Center after the 2017 Session.

Appendix 1

Task Force on Department of Health Facilities

**Report to the Joint Appropriations Interim Committee and
Joint Labor, Health and Social Services Committee**

Final Report on Activities

Prepared by:

**Sen. Eli Bebout
Rep. Lloyd Larsen**

**Co-Chairmen
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January 7, 2016

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Section 1. Executive Summary

During the 2014 Budget Session, the Wyoming Legislature established a Joint Executive and Legislative Task Force on Wyoming Department of Health Facilities (Task Force). During the 2015 General Session, the establishing language was amended to require that the Task Force provide a final report on its activities to the Joint Labor, Health and Social Services Interim Committee and the Joint Appropriations Interim Committee by June 30th, 2016.

The Task Force met eleven (11) times in 2015 and early 2016. Consistent with legislative directive, the priorities in the meetings were as follows:

- Hiring and working with an architectural firm to complete Level I/II feasibility studies for substantial improvements to the Wyoming State Hospital (WSH) and the Wyoming Life Resource Center (WLRC);
- Recommending statutory changes to accommodate a revised mission for the Wyoming Life Resource Center (WLRC);
- Studying alternative uses of the Wyoming Retirement Center (WRC).

All priorities have been completed. The completed Level I/II study and proposed statutory changes are attached as Exhibits A and B, respectively. With regard to the Wyoming Retirement Center, the Task Force recommends that the Center not be closed, but that alternative operating arrangements be explored. The Center currently is operating without the need for state General Fund support and so no immediate action is required.

Moving forward, the Task Force recommends that it should be reauthorized in 2016 for the following purposes:

- To procure and supervise a Level III design study for the WSH and WLRC;
- To evaluate the feasibility of operating the Retirement Center according to the various options discussed later in this report.

Section 2. Specific Statutory Requirements

The Supplemental Government Appropriation Bill passed by the Legislature during the 2015 General Session, Senate Enrolled Act 56, amended Section 329 of the 2014 Budget Bill to read:

(a) There is created the joint legislative and executive task force on department of health facilities.

(b) The task force shall be comprised of:

(i) ~~Two~~ (2) ~~Three~~ (3) members of the senate, appointed by the president of the senate;

(ii) ~~Two~~ (2) ~~Three~~ (3) members of the house of representatives, appointed by the speaker of the house;

(iii) ~~Four~~ (4) ~~Two~~ (2) members appointed by the governor. In considering appointments to the task force who are not members of the legislature, the governor shall consider the expertise required to produce timelines, outlines, deliverables and recommendations as provided in this section.

~~(c) The governor shall appoint a chairman from among the voting members of the task force to preside over meetings.~~

(d) The task force shall develop findings, strategies and recommendations on the use, populations served, services offered, capital construction requirements, consolidation or closure of individual buildings or facilities, financing and proposed timeline for facility demolition, ~~or~~ improvements or construction of department of health institutional facilities. ~~While developing the findings and recommendations required under this subsection, the task force shall meet at least once in Buffalo, Evanston and Lander. These meetings shall be open to the public. The task force shall meet as necessary to timely accomplish the following assignments and shall:~~

~~(i) On or before May 15, 2014, provide the joint appropriations interim committee and the joint labor, health and social services interim committee an outline of the objectives, timelines and deliverables of the task force;~~

~~(ii)~~ (i) Provide an interim report on the activities of the task force to the joint appropriations interim committee and the joint labor, health and social services interim committee not later than November 1, ~~2014~~ 2015;

~~(iii)~~ (ii) Provide recommendations for legislative action as provided in subsection (g) of this section.

(e) ~~[The task force shall be staffed by the legislative service office.]~~ The department of administration and

information shall serve in an advisory capacity to the task force and shall provide technical and other relevant information as requested. [BRACKETED LANGUAGE SHOWN IN BOLD AND AS STRICKEN WAS VETOED BY GOVERNOR MARCH 5, 2014.]

(f) The task force shall terminate on ~~December 1, 2015~~ June 30, 2016.

(g) Recommendations of the task force created by this section shall be submitted for legislative action to the joint appropriations interim committee and the joint labor, health and social services interim committee not later than ~~November 1, 2015~~ June 30, 2016.

(h) The task force may contract with experts as necessary to fulfill the duties assigned under this section upon majority vote of the task force and with the approval of the governor. No contract under this subsection shall be subject to the procurement provisions of W.S. 9-2-1016.

(j)

(i) There is appropriated ~~twenty-five thousand dollars (\$25,000.00)~~ thirty-five thousand dollars (\$35,000.00) from the general fund to the legislative service office. This appropriation shall be for the period beginning with the effective date of this section and ending ~~December 1, 2015~~ June 30, 2016. This appropriation shall only be expended for the purpose of funding salary, mileage and per diem of legislative members of the task force. Notwithstanding any other provision of law, this appropriation shall not be transferred or expended for any other purpose and any unexpended, unobligated funds remaining from this appropriation shall revert as provided by law on June 30, 2016;

(ii) There is appropriated two hundred twenty-five thousand dollars (\$225,000.00) from the general fund to the governor's office for the purposes of this section. This appropriation shall only be expended for mileage and per diem expenses of the non-legislative members of the task force and to contract with experts as provided in this section. Notwithstanding any other provision of law, this appropriation shall not be transferred or expended for any other purpose and any unexpended, unobligated funds remaining from this

appropriation shall revert as provided by law on June 30, 2016.

(k) There is appropriated up to one million five hundred thousand dollars (\$1,500,000.00) from the state facilities construction account created in 2014 Wyoming Session Laws, Chapter 26, Section 300(h) to the department of administration and information under the direction of the department of health for level I and level II planning and design for facility improvements at the state hospital and the Wyoming life resource center consistent with option 1(a) in the November 1, 2014 facilities task force interim report on file with the legislative service office. This appropriation shall remain in effect until the level I and level II planning and design are completed. The department of administration and information in consultation with the department of health and the task force shall proceed on the development of level I and level II planning and design authorized under this subsection not later than August 1, 2015. Appropriated funds under this subsection shall be expended only on the project specified and any unexpended, unobligated funds remaining at completion of the project shall revert to the state facilities construction account. The department of administration and information and department of health shall submit the final design to the governor, the department of health facilities task force and the joint appropriations interim committee upon completion.

(m) Notwithstanding the recommendations in option 1(a) of the November 1, 2014 facilities task force interim report on file with the legislative service office, the task force and the department of health shall study and recommend the possibility of alternative uses for the Wyoming retirement center. The task force shall include the results and recommendations of the study of possible alternative uses of the retirement center in the final report submitted to the joint appropriations interim committee and the joint labor, health and social services interim committee pursuant to subsection (g) of this section.

~~(k)~~ (n) This section is effective immediately.

Section 3. Action on Specific Requirements of Statute

Background - Task Force Objectives

The Task Force's legislative directives contained in Section 329 of the Budget Bill can be separated logically into two sequential phases:

Phase I: Determining the missions for each state-run healthcare facility. Missions must specify the “use, populations served [and] services offered” for each facility, as specified in Section 329(d).

Phase II: Develop a work plan; that is, a plan on how to allocate resources to ensure that the missions developed in Phase I can be accomplished. This “how” includes the “capital construction requirements, consolidation or closure of individual buildings, financing, and proposed timeline for facility demolition or improvements” as specified by Section 329(d).

Phase I

Role of the State

As a result of the Task Force's work during the 2014 interim, the Task Force categorized services offered at each of the State's health care facilities into three broad types of care:

- Acute - Intended for crisis stabilization. Generally short-term;
- Intermediate - Post-acute rehabilitation. Discharge plan to the community in place;
- Long-term - Extended services to maintain functional level. Transition to less-restrictive facility as appropriate.

After categorizing the types of services offered, the Task Force determined that the role of the State should be that of a “safety net” provider; i.e. the State should not compete with the private sector for care provision outside of the “safety net.”

The “safety net” concept refers to the State’s obligation to ensure access as a provider of last resort to facility-level services for those individuals who would otherwise be critically endangered or a threat to public health and safety.

Within this framework, the Task Force recommended that the State should have a role in providing facility-level services to the following populations:

- Individuals with Acquired Brain Injuries or Developmental Disabilities who manifest exceptionally-difficult behaviors;
- Title 25 involuntary civil commitments;

- Title 7 forensic psychiatric cases;
- Geriatric-psychiatric clients;
- Clients with high medical needs;
- “Hard to place”¹ clients; and
- Emergency placements.

A more detailed matrix by population and type of care can be seen below. Dark shaded boxes indicate that the State should maintain a facility for that population at that type of care.

Table 1: Recommended role of the State

	Type of Care		
	Acute	Intermediate	Long-term
Acquired Brain Injury			
Adult Developmental Disability			
Child Developmental Disability			
Dual-diagnosed (MH/DD-ABI)			
ABI/DD with exceptionally difficult behaviors			
Severe and Persistent Mental Illness (SPMI)			
Non-SPMI			
Title 25 - Civil Commitments			
Title 7 - Forensic Psych			
Gero-psych			
High Medical			
Medium Medical			
Low Medical			
“Hard to place”			
Emergency placements			

*Note in the table above that the Task Force believed the State should not play a role in providing direct facility-based services to ABI, DD, or dually-diagnosed individuals who do not manifest exceptionally difficult behaviors. Similarly, the State should not provide direct facility-based services to individuals with mental illness who have not been involuntarily committed under Title 25, Title 7 or a court order. All of these populations are better served by providers in the community. While the State should continue its financial support for these populations, it is not the role of the State to run a facility for their care.

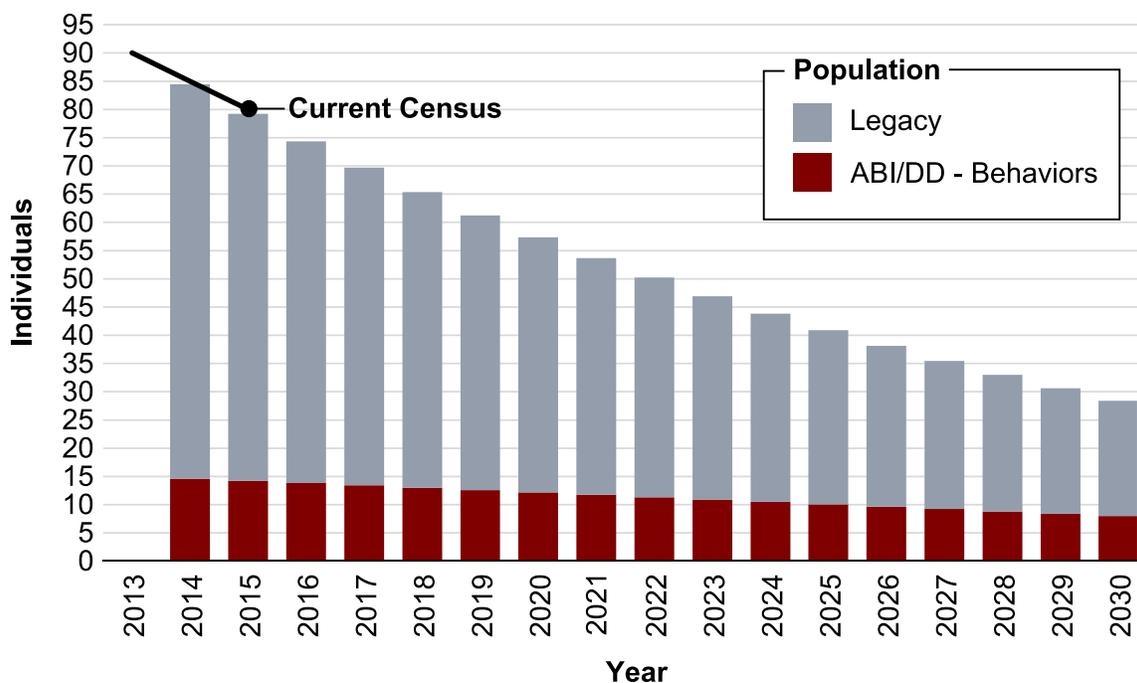
¹ An example of a “hard to place” client would be an individual in need of Skilled Nursing services, but is rejected from private nursing homes due to a history of sex offenses.

Legacy Population

As part of its Phase I work, in 2014 and continuing into the 2015 interim, the Task Force considered the “legacy population” at the Wyoming Life Resource Center. The legacy population constitutes the current residents of the Wyoming Life Resource Center. Where clients in other facilities could be transfer between facilities (e.g. Retirement Center to WLRC) during a transition, WLRC clients are too fragile to transfer. As a result, the Task Force concluded that the WLRC's legacy population should not be forced to transfer away from the WRLC.

Figure 1, below, shows how the current census at the Life Resource Center has declined since 2013, and is projected to decline to approximately 25-30 individuals by 2030.

Figure 1: Projected census for current clients - WLRC



Facility Missions – Option 1(a)

As a result of its work during the 2014 interim, the Task Force presented the Legislature with several mission options that could be applied to the State's healthcare facilities. In 2015, the Legislature directed the Task Force to proceed with "Option 1(a)." This option integrates acute, intermediate and long-term care across the Wyoming State Hospital and the Wyoming Life Resource Center. Pursuant to this option, the Wyoming State Hospital focuses on acute crisis stabilization and the Wyoming Life Resource Center focuses on intermediate and long-term care. This option embraces the “safety net” approach discussed above and prioritizes care for the populations listed on pages 7 and 8 of this report.

The table below demonstrates how Option 1(a) impacts the populations served and types of care provided at the WRLC and WSH:

Table 2: Populations and Settings under Option 1(a)

	Type of Care		
	Acute	Intermediate	Long-term
ABI/DD with exceptionally difficult behaviors			
Title 25 - Civil Commitments			
Title 7 - Forensic Psych			
Gero-psych			
High Medical			
"Hard to Place"			
"Emergency Placements"			

Key

- The Wyoming State Hospital
- The Wyoming Life Resource Center

In 2014, the Task Force noted that the Wyoming Retirement Center does not serve a "safety net" purpose and may not be critical to the State's defined mission under Option 1(a).

For the Veteran's Home in Buffalo, the Task Force recommended that the historic buildings on the campus be kept for posterity, but that a new domiciliary-level and skilled nursing facility (SNF) be constructed based upon the Veterans' Administration Community Living Center concept. Once constructed, existing non-historic buildings would be demolished.

Phase II - Facility Task Force Actions - 2015 Interim

Since the close of the 2015 General Session, the Task Force has met eleven (11) times as follows:

Table 3: Facilities Task Force meetings, YTD

Date	Location	Topics
6/10/2015	Cheyenne	Introductions, background, scheduling.
6/23/2015	Cheyenne	Statement of Work (SOW) review for Level I/II contract
7/13/2015	Lander/Evanston	Facility tours (WSH/WLRC)
7/24/2015	Cheyenne	SOW finalization, statute changes
8/17/2015	Buffalo	Facility tours (VH/Green House in Sheridan), statute changes
9/3/2015	Basin	Facility tour (WRC), Level I/II firm selection, statute changes
10/8/2015	Cheyenne	Level I/II firm introduction, initial guidance

10/16/2015	Cheyenne	Level I/II firm preliminary models (WSH)
12/1/2015	Cheyenne	Level I/II progress report, WRC options
12/15/2015	Online	Level I/II progress report
1/4/2016	Cheyenne	Level I/II presentation, recommendations

The results of these meetings have been: (1) Finalization of a Level I/II planning and design study for the State Hospital and Life Resource Center; (2) Completion of draft legislation outlining proposed statute changes to the missions of the Life Resource Center; and (3) Development of potential options for the Wyoming Retirement Center.

With the completion of the Level I/II study, the Task Force is at the midpoint of Phase II of its legislative assignment.

1. Level I/II Study Procurement

In 2015, the Legislature specified that the Task Force “shall proceed on the development of level I and level II planning and design authorized under this subsection not later than August 1, 2015.” This task was the Task Force's highest priority.

Following a competitive interview and bidding process, a selection committee recommended retention of a St. Louis-based architectural firm, HOK, for Level I/II planning and design. This recommendation was adopted by the larger Task Force in executive session on 9/3/2015. The final contract with HOK was signed on 9/30/2015. Of the \$1,500,000 appropriated for the Level I/II study, HOK’s contract amount was \$862,110 (57% of the appropriation).

The Task Force worked with HOK to complete the Level I/II study by January 4th, 2016. The study is enclosed as Exhibit A.

2. Statute changes

Pursuant to the Legislature's direction, the second priority for the Task Force was to develop proposed statutory changes to accommodate the revised "safety net" mission for the State's healthcare facilities. After significant review by the Department of Health, the Attorney General’s Office, the Legislative Service Office and members of the public (most notably, the Friends of the Wyoming Life Resource Center), legislation proposing specific statutory changes was delivered to the Joint Labor, Health and Social Services Interim Committee (JtLHSS) for consideration at its August 24th meeting. The Labor Committee considered the legislation and moved it forward for further consideration and amendment at its January 7-8th meeting. The draft legislation is included as Exhibit B.

3. Alternative uses of the Wyoming Retirement Center

In 2015, the Legislature directed the Task Force to “study and recommend the possibility of alternative uses for the Wyoming retirement center.”

The Task Force makes the following recommendations and observations:

(1) The State of Wyoming's mission in operating its health-related facilities is to provide a safety net for Wyoming citizens. As part of this mission, the State should strive to accommodate citizens who need long-term care but who cannot be accepted into traditional long-term care facilities. The State must provide these services in an economically feasible fashion.

The Retirement Center is currently operating without the need for State General Fund support. Therefore, no immediate action is needed with regard to the Retirement Center. Nevertheless, the Center is not providing services critical to the State's healthcare facility "safety net" mission.

The Task Force recommends that the Retirement Center not be closed. However, the following options should be studied in more depth:

- (a) Continuing to operate the Retirement Center as a State facility, using an enterprise funding model to quantify and minimize any General Fund subsidy;
- (b) Leasing the facility to another entity such as:
 - (i) A hospital or hospital district;
 - (ii) A private non-profit provider;
 - (iii) A private for-profit provider;
 - (iv) A local municipality.
- (c) Selling the facility to one of the entities listed in paragraph (b), above.

Recommendation for Further Work of the Task Force

The Task Force recommends that the Legislature make all appropriate appropriations and reauthorize the Task Force to conduct the following work in 2016:

- Procure and supervise a Level III design study for the WSH and WLRC utilizing the Level I/II study issued on January 4, 2015. A critical role for the Task Force should be to ensure that the Level III work be executed with full consideration of programmatic and design elements which might impact federal financial reimbursement and participation;
- Evaluating the feasibility of the Retirement Center options listed in this report.

Appendix 2

**Level III Study for Wyoming State Hospital and Wyoming Life Resource Center
Meeting and Deliverable Schedule for Schematic Design through Design Development Documents**

Start Date	End Date	Meeting Location	Working Group Meeting	Meeting/Deliverable Type	Meeting Time
19-Aug	19-Aug	Cheyenne	Working Group Meeting		
22-Aug	22-Aug	Web Ex	Kick-Off, Scoping and Programming User Groups		
22-Aug	22-Aug	Cheyenne	Task Force Meeting with Kick Off		
23-Aug	7-Sep		Draft Complete Communication Plan		
23-Aug	7-Sep		Draft Complete Project Schedule		
31-Aug	2-Sep	Evanson and Lander	Program User Groups, Program Confirmation, Scope Confirmation and Major Conceptual Design Options		
7-Sep	7-Sep	Cheyenne	DOH/MOCA Expectation and Vision Discussion		8:00 AM - 10:00 AM
13-Sep	13-Sep	Cheyenne	Visioning session on site with working group & task force		8:30 AM - 3:00 PM
13-Sep	13-Sep	Cheyenne	Working Group and Task Force Vision Meeting		
13-Sep	13-Sep	Cheyenne	Development of Guiding Principles		
28-Sep	30-Sep	Evanson and Lander	Second Program Review for new construction, first program for renovation, initial Schematic Design Presentation		Various - see agenda
28-Sep	30-Sep	Evanson and Lander	Working Group Meeting		Various - see agenda
30-Sep	17-Oct		User Groups/Working Group/MOCA Program Review		Program Review
14-Oct	14-Oct		HOK to submit Cost Estimate (Program)		
3-Oct	17-Oct		CMS Peer Review Prelim, and HOK Resolution		
17-Oct	19-Oct	Evanson and Lander	Programming user group sign off; schematic design with user groups		Various - see agenda
18-Oct	18-Oct	Evanson and Lander	Working Group Meeting		TBD
19-Oct	19-Oct	Teleconference	Task Force meeting		2:00 PM - 4:00 PM
21-Oct	21-Oct	Cheyenne	Cost Estimate Reconciliation Discussion (Web X)		2:00 PM - 4:00 PM
28-Oct	28-Oct		Abbotas Invelgation - 3rd Opening		2:00 PM
7-Nov	7-Nov		Professional Geotechnical Services - 300% Due		10:00 AM
7-Nov	7-Nov		Professional Geotechnical Services - Skirted firm and draft interview questions		2:00 PM
9-Nov	11-Nov	Evanson and Lander	Programming user group sign off; schematic design with user groups		TBD
9-Nov	9-Nov	Evanson and Lander	Working Group Meeting		TBD
11-Nov	11-Nov	Teleconference	Task Force meeting		2:00 PM - 4:00 PM
14-Nov	14-Nov	Cheyenne	Professional Geotechnical Services - Interview Skirted firm (inside selection)		8:00 AM - 3:00 PM
21-Nov	21-Nov	Abbotas Invelgation	Issue NIP		N/A
30-Nov	2-Dec	Evanson and Lander	Schematic Design User Group Sign-Off		TBD
30-Nov	2-Dec	Evanson and Lander	Working Group Meeting		TBD
15-Dec	15-Dec		Professional Geotechnical Services - Issue Notice to Proceed (NIP)		N/A
15-Dec	15-Dec		Abbotas Invelgation - Final Report Due		N/A
19-Dec	19-Dec		Submit Schematic Design		
19-Dec	19-Dec		Schematic Design Cost Estimate		100%

**Level III Study for Wyoming State Hospital and Wyoming Life Resource Center
Meeting and Deliverable Schedule for Schematic Design through Design Development Documents**

19-Dec	23-Dec						
20-Dec	20-Dec	Cheyenne	Review Schematic Design Working Group/MCCA	Task Force meeting		8:00 AM - 10:00 AM	
28-Dec	28-Dec	Cheyenne	Cost Estimate Reconciliation Discussion (Web x)	Cost Estimate Reconciliation Discussion (Web x)		8:00 AM - 10:30 AM	
28-Dec	28-Dec	Cheyenne	Working Group - Finalize Schematic Design	Working Group - Finalize Schematic Design		10:30 AM - 1:00 PM	
30-Dec	30-Dec						
4-Jan	6-Jan	Evanson and Lander	Professional Geotechnical Services - Pre final report due (15 days after NTP)	Design Development User Review; FF&E Development; Patient Safety and security workshops		N/A	30%
9-Jan	9-Jan	Cheyenne	Task Force meeting	Task Force meeting		8:00 AM - 10:00 AM	
16-Jan	16-Jan		Professional Geotechnical Services - Final report due (30 days after NTP)	Professional Geotechnical Services - Final report due (30 days after NTP)		N/A	
23-Jan	27-Jan	Review	Design Development Final Review and FF&E Development	Design Development Final Review and FF&E Development			60%
27-Jan	27-Jan	Teleconference	Working Group Meeting	Working Group Meeting		8:00 AM - 10:00 AM	
1-Feb	1-Feb	Cheyenne	Deadline for final project budget number	Task Force meeting			
7-Feb	7-Feb	Cheyenne	Task Force meeting	Task Force meeting		8:00 AM - 10:00 AM	
13-Feb	24-Feb		Submit Design Development final Review	Submit Design Development final Review			90%
13-Feb	13-Feb		HOK to Submit Design Development Cost estimate	HOK to Submit Design Development Cost estimate			
21-Feb	21-Feb		Budget Reconciliation Workshop	Budget Reconciliation Workshop			
24-Feb	24-Feb		Owner Comments on Design Development	Owner Comments on Design Development			
28-Feb	28-Feb	Cheyenne	Working Group - Wrap up	Working Group - Wrap up		8:00 AM - 10:00 AM	
28-Feb	28-Feb	Cheyenne	Task Force - Wrap up	Task Force - Wrap up		10:00 AM - 12:00 PM	
1-Mar	1-Mar		Complete DD Submit to Owner	Complete DD Submit to Owner			100%

Appendix 3

**DRAFT ONLY
NOT APPROVED FOR
INTRODUCTION**

HOUSE BILL NO. [BILL NUMBER]

Healthcare facility licensing and bed count limit-exemption.

Sponsored by: HDraft Committee

A BILL

for

AN ACT relating to healthcare licensing and operations; amending the exemption from licensing and bed count requirements at healthcare facilities owned or operated by the department of health; and providing for an effective date.

Be It Enacted by the Legislature of the State of Wyoming:

Section 1. W.S. 35-2-906(g) is amended to read:

35-2-906. Construction and expansion of facilities; exemption.

(a) A licensee who contemplates construction of or alteration or addition to a health care facility shall submit plans and specifications to the division for preliminary inspection and approval prior to commencing construction. Significant changes to the original plans must also be submitted and approved prior to implementation. The plans and any changes shall indicate any increase in the number of beds.

(b) Nursing care facility beds shall not be expanded or constructed if the average of all the nursing care bed occupancy, excluding veteran administration beds, in the construction area is eighty-five percent (85%) or less based upon the annual occupancy report prepared by the division.

(c) Notwithstanding the other provisions of this section any nursing care facility or hospital may, in any two (2) year period, increase its bed capacity by ten percent (10%) of the current nursing care facility bed capacity or by not more than ten (10) beds.

(d) Repealed By Laws 2002, Ch. 87, § 2.

(e) Repealed By Laws 2002, Ch. 87, § 2.

(f) Beds in adult foster care homes and beds in alternative eldercare homes constructed pursuant to the pilot programs authorized in W.S. 42-6-104 and 42-6-105 shall not be considered as nursing care facility beds for the purposes of this section.

(g) Beds constructed at any health care facility owned or operated by the department shall be exempt from subsections (b) and (c) of this section.

Section 2. This act is effective immediately upon completion of all acts necessary for a bill to become law as provided by Article 4, Section 8 of the Wyoming Constitution.

(END)

Appendix 4

I. Revenues to the State (Health) Facilities Account:														
2014 Laws, Ch. 26, Sec. (h) and (j)		2014 Laws, Ch. 26, Sec. 300(n)(ii)(A)		2015 Section 346 ("tranche 3")		2016 SF 41		2016 SF 41		2016 SF 41, Sec 7		2016 SF 41, Sec. 8		TOTAL
\$35,700,000	+	\$20,000,000	+	\$25,000,000	+	\$45,000,000	+	\$25,000,000	+	\$20,000,000	+	\$20,000,000	=	\$145,700,000
cash		Governor used these funds to address the FY16 budget shortfall; action ratified by Legislature in 2016		unlikely to be obtained - was not generated by investment returns		GF appropriation conditional upon expenditure of AML funds by WyDOT		GF appropriation conditional upon expenditure of AML funds by WyDOT		FY17 SIPA		FY18 SIPA		Does not include FY16, "tranche 3"
II. Appropriations from the State (Health) Facilities Account:														
2015 Laws, Ch. 142, Sec 329(k)		2016 SF 41, Sec 4(j)												
\$1,500,000		\$9,000,000												
Level II Planning		Level III planning and design												
III. Appropriations to the Task Force/Department:														
2014 Laws, Ch. 26, Sec. 329(j)(ii)		2014 Laws, Ch. 26, Sec. 329(j)(i)		2016 SF 41, Sec 4(b)										
\$225,000		\$25,000		\$40,000										
Appropriation to WDH (remaining ~\$220,000 to revert to state health facilities account) pursuant to 2016 SF41, Sec. 12(c)		Added ~\$23,000 for FY2015 from interim committee funds appropriated to the Legislature		GF appropriation for Task Force										